

9/07/04

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Atty. Dkt. No. 026032-4429



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: White et al.  
Title: VENTILATED SEAT  
Appl. No.: 10/661,014  
Filing Date: 09/11/2003  
Examiner: Barfield, Anthony Derrell  
Art Unit: 3636

|  |                   |
|--|-------------------|
| <b>CERTIFICATE OF EXPRESS MAILING</b>  |                   |
| I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                   |
| <u>EV505796205US</u>   | <u>9/3/04</u>     |
| (Express Mail Label Number)  | (Date of Deposit) |
| <u>MATHEW P. ANDERSON</u>  |                   |
| (Printed Name)   |                   |
| <u>[Signature]</u>   |                   |
| (Signature)  |                   |

**AMENDMENT AND REPLY UNDER 37 CFR 1.111**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This communication is responsive to the Non-Final Office Action dated June 3, 2004, concerning the above-referenced patent application.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this document.

**Remarks/Arguments** begin on page 7 of this document.

Please amend the application as follows:



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| EV 505796205 US  | 09/03/04          |
| (Express Mail Label Number)  | (Date of Deposit) |
| Mathew P. Anderson   |                   |
| (Printed Name)   |                   |
|    |                   |
| (Signature)  |                   |

**AMENDMENT TRANSMITTAL**

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ X ] Amendment and Reply Under 37 CFR 1.111 (11 pages).

[ X ] The fee required for additional claims is calculated below:

|  | Claims<br>As<br>Amended |   | Previously<br>Paid For |   | Extra<br>Claims<br>Present |   | Rate     |   | Additional<br>Claims Fee |
|--|-------------------------|---|------------------------|---|----------------------------|---|----------|---|--------------------------|
| Total Claims:  | 29                      | - | 29                     | = | 0                          | x | \$18.00  | = | \$0.00                   |
| Independent<br>Claims:                               | 4                       | - | 4                      | = | 0                          | x | \$86.00  | = | \$0.00                   |
| First presentation of any Multiple Dependent Claims: |                         |   |                        |   |                            | + | \$290.00 | = | \$0.00                   |
| CLAIMS FEE TOTAL                                     |                         |   |                        |   |                            |   |          | = | \$0.00                   |

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

|  |            |        |
|--|------------|--------|
| <input type="checkbox"/> Extension for response filed within the first month:  | \$110.00   | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the second month: | \$420.00   | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the third month:  | \$950.00   | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the fourth month: | \$1,480.00 | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the fifth month:  | \$2,010.00 | \$0.00 |
| EXTENSION FEE TOTAL:   |            | \$0.00 |
| <input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):     | \$110.00   | \$0.00 |
| CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:                                    |            | \$0.00 |
| <input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):        |            | \$0.00 |
| TOTAL FEE:   |            | \$0.00 |

- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

9/3/04

By



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Customer Number: 26371  
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Facsimile: (414) 297-4900

Mathew P. Anderson  
Attorney for Applicant  
Registration No. 54,589